PROVIDER: _____ UNIT: _____ DATE: _____

RANK/GRADE: _____ Last 4 of SSN: _____ CATEGORY (circle): CG PHS CIV-GS CIV-CONTR DOD AUX

# REQUEST OF CLINICAL PRIVILEGES (CG-5575)

## PHYSICIAN

### PRIMARY CARE CORE PRIVILEGES

| **MEDICAL MANAGEMENT**: Provide initial and subsequent evaluations; establish working diagnosis, treatment, and case management per accepted treatment and management standards of care in the following Family Practice/Primary care conditions: | | | |
|---|---|---|---|
| Acute & chronic childhood illnesses<br>Acute & chronic headaches<br>Arthritis<br>Asthma<br>Back and neck pain<br>Bacterial and viral infections<br>Blood dyscrasias<br>Burns<br>Bursitis<br>Cardiovascular conditions<br>Cardiopulmonary conditions<br>Contraception | Crisis intervention counseling<br>Dermatological conditions<br>Diabetes mellitus<br>Diagnose and refer substance abuse<br>Dizziness<br>E.N.T. conditions<br>Estrogen/ hormone replacement<br>Family planning counseling<br>Fitness for duty determinations<br>Gastrointestinal illnesses<br>Genitourinary conditions<br>Gout<br>Heat & Cold related Injuries/ Disorders<br>Hepatic disease | Herpes<br>HIV<br>Hypoglycemia<br>Immunization status<br>Lipid disorders<br>CG Medical Boards Process<br>Menstrual disorders<br>Musculoskeletal trauma/ fractures<br>Neurological conditions<br>Obesity<br>Occ. Med. Sur. & Eval. Program<br>Order/ interpret EKG, lab & x-ray<br>Parasitic infections<br>Peptic Ulcers | Prenatal, Routine<br>Pseudofolliculitis Barbae<br>Psychological disorders<br>Routine breast and pelvic exams<br>Renal disease<br>Respiratory illnesses<br>Sexually transmitted infections/ diseases<br>Simple fracture/dislocations<br>Sprains and strains<br>Syncope<br>Thyroid disorders<br>Tinea<br>Tuberculosis<br>Urticaria |

| **CLINICAL PROCEDURES:** Perform clinical procedures per accepted standards of medical practice and local policy in the following: | | | |
|---|---|---|---|
| Anoscopy<br>Apply /change dressings/bandages<br>Arthrocentesis<br>Cannulation/gastric lavage<br>Diaphragm fitting | Excisional biopsies<br>Foley Catheterization<br>Incision and drainage of abscess<br>IV therapy/ dehydration<br>Joint aspiration/ injection | Laceration Repair<br>Local anesthesia<br>Nasal Packing<br>Physical examinations<br>Removal of foreign body | School/ sport physicals<br>Slit lamp exams<br>Toenail removal<br>Tympanometry |

PROVIDER: _____ UNIT: _____ DATE: _____

*CLINICAL PRIVILEGES – PHYSICIAN (continued)*

## AVIATION MEDICINE CORE PRIVILEGES

| (Applicable only to Flight Surgeons and Aviation Medical Officers) | | |
|---|---|---|
| Aero-medical Mishap Invest<br>Aviation Adaptability Evaluations | Aviation Evaluation Board<br>Aviation Physical Examinations | Operational Mishap Investigations |

## SUPPLEMENTAL PRIVILEGES

| ***SUPPLEMENTAL PRIVILEGES**<br>**(Original Initials Required) | **MO**<br>Requesting | **SMO Recommendation**<br>Approval | <br>Disapproval | **CG112/ PM Recommendation**<br>Approval | <br>Disapproval |
|---|---|---|---|---|---|
| Endometrial Biopsy | _____ | _____ | _____ | _____ | _____ |
| Lumbar Puncture | _____ | _____ | _____ | _____ | _____ |
| Norplant insertion/removal | _____ | _____ | _____ | _____ | _____ |
| Vasectomy | _____ | _____ | _____ | _____ | _____ |
| Well-baby care < 2-y/o | _____ | _____ | _____ | _____ | _____ |
| Others: _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| [ ] Check box if NO additional privileges required | | | | | |

**SUPERVISING PHYSICIAN'S ADDITIONAL RECOMMENDATIONS/RESTRICTIONS:**

** Providers requesting supplemental clinical privileges will be required to submit additional documentation supporting training and education*
*** Original initials required on each line of requested supplemental. An "X" or a "√" will not be accepted*

*CLINICAL PRIVILEGES – PHYSICIAN (continued)*

## REVIEW AND SIGNATURES

PHYSICIAN REQUESTING PRIMARY CARE CORE PRIVILEGES:

SIGNATURE: _____ DATE: _____

****** PHYSICIAN REQUESTING FLIGHT SURGEON/AVIATION MEDICAL OFFICER and PRIMARY CARE CORE PRIVILEGES MUST SIGN BELOW ALSO

** SIGNATURE: _____ DATE: _____

SUPERVISING PHYSICIAN: _____ DATE: _____

CHIEF, HEALTH SERVICES DIVISION: _____ DATE: _____

** CG-112 Program Manager will sign BELOW if CHSD is same as the requesting provider.

CG-112_PROGRAM MANAGER : _____ DATE: _____

COMMENTS: _____

_____

_____

_____

**********

CHAIRPERSON, PROFESSIONAL REVIEW COMMITTEE

SIGNATURE: _____ DATE: _____

DIRECTOR OF HEALTH AND SAFETY

SIGNATURE: _____ DATE: _____